



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 526-9715 or (573) 751-7863

INITIAL APPLICATION FOR MISSOURI CAREER EDUCATION CERTIFICATE

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		ALL OUT OF STATE APPLICANTS MUST ATTACH A \$50 CHECK OR MONEY ORDER (MADE PAYABLE TO TREASURER, STATE OF MISSOURI)	
CURRENT NAME (LAST, FIRST, MI)			
ALL MAIDEN/FORMER NAMES			
STREET ADDRESS (HOME)			
CITY, STATE ZIP CODE			
EMAIL			
DATE OF BIRTH	MALE FEMALE	PHONE NUMBERS	H W

B. PURPOSE OF APPLICATION: Complete the left column for teaching areas or the right column for student services or administrators.

1. Area of Certification: Vocational Technical Area: <input type="checkbox"/> Agriculture <input type="checkbox"/> Business <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> Health <input type="checkbox"/> Marketing & Cooperative Education <input type="checkbox"/> Trade & Industrial	1. Area of Certification: Student Services: Administrator: <input type="checkbox"/> Vocational Adult Supervisor <input type="checkbox"/> Vocational Director <input type="checkbox"/> Postsecondary Vocational Counselor <input type="checkbox"/> Vocational Placement Coordinator <input type="checkbox"/> Vocational Evaluator
2. Grade Level(s): <input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary/Adult <input type="checkbox"/> Both	For Office Use Only
3. Subject Area: _____	

IMPORTANT: Please attach official copies of transcripts to verify all college coursework. [View the Compendium of Missouri Certification Requirements.](#)

C. EDUCATIONAL DATA: List high schools, colleges and universities, in order of attendance; ALL degrees must be included.

HIGH SCHOOL, COLLEGE, OR UNIVERSITY	CITY/STATE	DEGREE/CERT & YEAR AWARDED	MAJOR

D. OCCUPATIONAL EXPERIENCE: List all employment experience other than teaching or counseling that has contributed to your competency in the occupation for which you propose to qualify. If self-employed, provide details on attached sheet. If employment was part-time, indicate the number of hours per week. All employment must be within the last ten years.

EMPLOYER'S NAME:	CITY & STATE:	TYPE OF WORK PERFORMED:	DATES:	TOTAL HOURS WORKED:
			To	
			To	
			To	

E. TEACHING EXPERIENCE: List in order of employment all teaching experience within the last ten years.			
SCHOOL DISTRICT:	CITY & STATE:	SUBJECT & GRADE LEVEL:	DATES:
			To
			To
			To
F. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED)			
<p>If applicant's certificate is more than 30 days expired, submit two (2) full sets of fingerprints. Fingerprint cards must be obtained from and returned to the Missouri Department of Elementary and Secondary Education, Conduct & Investigations, PO Box 480, Jefferson City, MO 65102-0480 and may be completed by any law enforcement agency.</p> <p>Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.</p>			
			YES NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor, whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>	
*View the Social Security Number Disclosure Notice.			
G. SWORN AFFIDAVIT			
<p>I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the State of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.</p>			
APPLICANT'S SIGNATURE			DATE
SECTION II: TO BE COMPLETED BY EMPLOYER			
<p>I verify that _____ has provided documentation for all the requirements according to the <i>Compendium of Missouri Certification Requirements (documents maintained by verification authority)</i> and that the information is true and complete to the best of my knowledge. . I jointly request with the above applicant that this provisional certificate be issued.</p>			
NAME OF EMPLOYER			
ADDRESS			
CITY, STATE, ZIP			
PHONE		EMAIL	
NAME OF DESIGNATED OFFICIAL		POSITION HELD	
SIGNATURE OF DESIGNATED OFFICIAL		DATE	
MAIL COMPLETED FORM TO: MISSOURI DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION EDUCATOR CERTIFICATION PO BOX 480 JEFFERSON CITY, MO 65102-0480			